

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042862

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

5820

FILED NOV 29 1962

1. PLACE OF DEATH

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Kansas City**

Length of stay in lb
Since 1936

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION
**Phillips 66 Station
601 West 39th St.**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Jackson**

c. CITY OR TOWN **Kansas City**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
4208 Bell

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
Elmer Lloyd Plain

4. DATE OF DEATH
Month Day Year
November 17 1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
Jan 20 1892

9. AGE (last birthday)
70 Yrs

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Guard

10b. KIND OF BUSINESS OR INDUSTRY
At Santa Fe Elevator Mapleton, Kansas

11. BIRTHPLACE (City and state or country)
U. S. A.

13a. FATHER'S NAME
Robert Plain

13b. MOTHER'S MAIDEN NAME
Mary Ball

14. NAME OF HUSBAND OR WIFE
Edna Plain

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No None

16. SOCIAL SECURITY NO.
[Redacted]

17. INFORMANT Address
Pauline Shelton, 4212 Bell, K C Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____.
Death occurred at **11:00 A. M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Hugh H. Owens Coroner

22b. ADDRESS
152 N. Main St. Kansas City, Mo.

22c. DATE SIGNED
11-19-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
Nov 19, 1962

23c. NAME OF CEMETERY OR CREMATORY
Maple Hill Cemetery

23d. LOCATION (City, town, or county)
Kansas City, Kansas

(State)

24. FUNERAL DIRECTOR ADDRESS
**Gates, 1901 Olathe Blvd
Kansas City 3, Kansas**

25. DATE RECD. BY LOCAL REG.
11-19-62

26. REGISTRAR'S SIGNATURE
Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul R. Williamson

Licensed Embalmer No. 5009

P. O. Address Overland Park, Ks

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.